

File No: H8-84
Prepared By & Return To:
MS Real Estate Closings, LLC
1576 Monteith Ave Ste A.
Hernando, MS 38632
662-429-8822

7/07/08 2:32:58
BK 588 PG 494
DE SOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

The Estate of Pamela J. Coomes by the Sole Heirs Carolyn Coomes and Cindy Coomes Mote **GRANTORS**

TO

LB Homes, LLC **GRANTEE**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, the undersigned, **Estate of Pamela J. Coomes by the Sole Heirs Carolyn Coomes and Cindy Coomes Mote, Grantors**, do hereby sell, convey and warrant unto, **LB Homes, LLC, Grantee**, the following described real property located and being situated in DeSoto County, Mississippi, and being more particularly described as follows, to wit:

Lot 941, Section B, North ½, in DeSoto Village Subdivision on Section 34, Township 1 South, Range 8 West, as shown by the plat recorded in Plat Book 8, page 12-15, in the Office of the Chancery Clerk of DeSoto County, Mississippi.
Less and except 0.0031 acres conveyed in Book 296, Page 673, in the aforesaid Clerks Office

Being the same property conveyed to William H. Coomes and wife, Pamela J. Coomes by Warranty Deed from M.C. Kleinfeltd and wife, Dorothy S. Kleinfeltd, dated June 10, 1974, and recorded June 18, 1974 in Book 113, Page 74, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty of this conveyance is made expressly subject to all applicable building restrictions and restrictive covenants of record, any subdivision and zoning regulations in effect, any rights-of-way, restrictions, easements or servitudes, and any lease, grant, exception or reservation of minerals or mineral rights.

Possession is to be given with delivery of deed.

By way of explanation, Pamela J. Coomes died February 13, 2006, as evidenced by death certificate on file with the Mississippi Department of Vital Statistics. Pamela J. Coomes acquired title of subject property as a tenant by the entirety with full rights of survivorship and not as a tenant in common with William H. Coomes by virtue of Warranty Deed recorded in Deed Book 113, Page 74, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

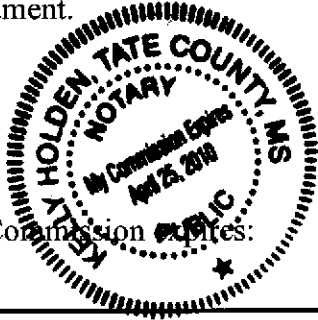
WITNESS THE SIGNATURE of the Grantors this the 3 day of July,
2008.

Carolyn Coomes
Carolyn Coomes

Cindy Coomes Mote
Cindy Coomes Mote

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 3 day of July, 2008, within my jurisdiction, the within named **Carolyn Coomes and Cindy Coomes Mote, as sole heirs to the estate of Pamela J. Coomes**, who acknowledged that they executed the above and foregoing instrument.



My Commission Expires:

K. J. Holden
NOTARY PUBLIC

GRANTOR:

2775 Ashbriar
Southaven ms 38671
662 429 8822
N/A

GRANTEE:

1785 Cashmere Dr
Hernando MS 38632
901 852 9248

AFFIDAVIT OF HEIRSHIP

Before me, the undersigned authority, on this day personally appeared Kelly Johnson ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is Kelly Johnson, and I live on 4067 Highland Ridge Road Birmingham, AL 35242. I am personally familiar with the family and marital history of Pamela J. Coomes ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent, Pamela J. Coomes for a period of approximately 5 years. Decedent died on or about February 14, 2006. Decedent's place of death was at home. At the time of decedent's death, decedent's residence was 2775 Ashbriar, Horn Lake, MS 38637.

3. Decedent's marital history was as follows:

The Decedent was married once and only once to William Harold Coomes. The decedent had no other marriages. William Harold Coomes and Pamela J. Coomes were never divorced and William Harold Coomes died in or about 2000.

4. Decedent had the following children:

The only children that Mrs. Pamela J. Coomes bore were Carolyn Coomes on July 24, 1971 and Cindy Coomes Mote on March 24, 1975. Mrs. Pamela J. Coomes only had two children, Carolyn Coomes and Cindy Coomes Mote and no other children were ever born to her.

5. Decedent did not have or adopt any other children and did not take any other children into decedent's home or raise any other children, except: None

6. To the best of my knowledge, decedent owned an interest in the following real property:

2775 Ashbriar, Horn Lake, MS 38637

Signed this 01 day of July, 2008.

Kelly Johnson
Kelly Johnson

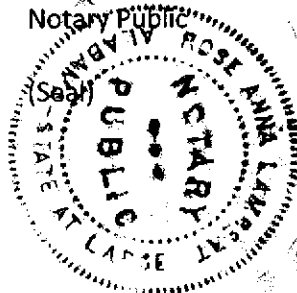
State of Alabama

County of Shelby

Sworn to and subscribed to before me on July 1, 2008 by **

Rose Anna Lambert
Notary Public

ROSE ANNA LAMBERT
NOTARY PUBLIC STATE OF ALABAMA
MY COMMISSION EXPIRES MARCH 4, 2011



Before me, the undersigned authority, on this day personally appeared Ben Roberts ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is Ben Roberts, and I live on 2308 Wildridge Circle, Birmingham, AL 35216. I am personally familiar with the family and marital history of Pamela J. Coomes ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent, Pamela J. Coomes for a period of approximately 5 years. Decedent died on or about February 14, 2006. Decedent's place of death was at home. At the time of decedent's death, decedent's residence was 2775 Ashbriar, Horn Lake, MS 38637.

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5. Decedent did not have or adopt any other children and did not take any other children into decedent's home or raise any other children, except: None

6. To the best of my knowledge, decedent owned an interest in the following real property:

2775 Ashbriar, Horn Lake, MS 38637

Signed this 01 day of July, 2008.


Ben Roberts

State of Alabama

County of Shelby

Sworn to and subscribed to before me on July 1, 2008 by **


Rose Anna Lambert



ROSE ANNA LAMBERT
NOTARY PUBLIC STATE OF ALABAMA
MY COMMISSION EXPIRES MARCH 4, 2011

Exhibit C

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFLING
DATE

MAR 02 2006

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE
NUMBER

123-06-003771

DECEASED	1. NAME First Middle Last PAMELA JANE COOMES			2. SEX FEMALE	3a. HOUR OF DEATH 11:35A	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 13, 2006
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 56 Years	5b. MOS 56	5c. DAYS 56	5d. HOURS 56
	6. DATE OF BIRTH (Month, Day, Year) JANUARY 28, 1950		7a. COUNTY OF DEATH DESOTO			
	7b. CITY OR TOWN OF DEATH HORN LAKE		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 2775 ASHBRIAR CV.		7d. IF IN HOSP. OR INST. SPECIFY (NPT, OUTPT, EMER, RMOR, QOA) QOA	
RESIDENCE (Items for actual location, home rather than mailing address)	8. DECEASED'S EDUCATION (Specify only highest grade completed) Element-High School		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. SURVIVING SPOUSE (If wife, give maiden name) N/A	11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	
	12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		13. SOCIAL SECURITY NUMBER 415-80-2266		14. USUAL OCCUPATION (Kind of work done, usual or working life) HOMEMAKER	
	15. RESIDENCE—STATE MS		16. COUNTY DESOTO	17. CITY OR TOWN HORN LAKE	18. INSIDE CITY LIMITS (Specify Yes or No) YES	19. STREET AND NUMBER OR RURAL LOCATION 2775 ASHBRIAR CV.
	20. FATHER—NAME First Middle Last ANTHONY CIARAMITARO		21. MOTHER—NAME First Middle Maiden LELA OLIVER			
FORMANT	22a. INFORMANT—NAME (Type or print) CINDY MOTE			22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1628 BARRY AVE., HOMEWOOD, AL 35209		
DISPOSITION	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. CEMETERY, CREMATORY—NAME FOREST HILL SOUTH	23c. LOCATION (City and State) MEMPHIS, TN	23d. EMBALMER—SIGNATURE AND NUMBER AARON HAZEN FS1020	
PRONOUNCEMENT	24a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER BRANTLEY FUNERAL HOME 17R			24b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6875 COCKRUM ST., OLIVE BRANCH, MS 38654		
	25a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Nell Chambers R.N.			25b. PRONOUNCED DEAD (Month, Day, Year) ON Feb. 13, 2006		
CERTIFIER	26a. CERTIFIER—NAME (Type or print) Jeffery Pounders			26b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		
	27a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE			27b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE		
	28a. DATE SIGNED (Month, Day, Year) Feb. 19, 2006			28b. STATE LICENSE NUMBER MS		
	29a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Desoto CMEI			29b. DATE SIGNED (Month, Day, Year) Feb. 19, 2006		
USE OF DEATH	25. PART I: DEATH CAUSED BY: (a) Myeloma (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death		
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I Cirrhosis, Diabetes, COPD			Interval between onset and death		
Had Decedent been Pregnant within 90 Days prior to Death?	27. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) NO			28. DATE OF INJURY (Month, Day, Year) NO		
	29. INJURY AT WORK (Yes or No) NO			29. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) NO		
30. INJURY AT WORK (Yes or No) NO			30. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) NO			
31. INJURY AT WORK (Yes or No) NO			31. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) NO			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

MAR -2 2006

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.